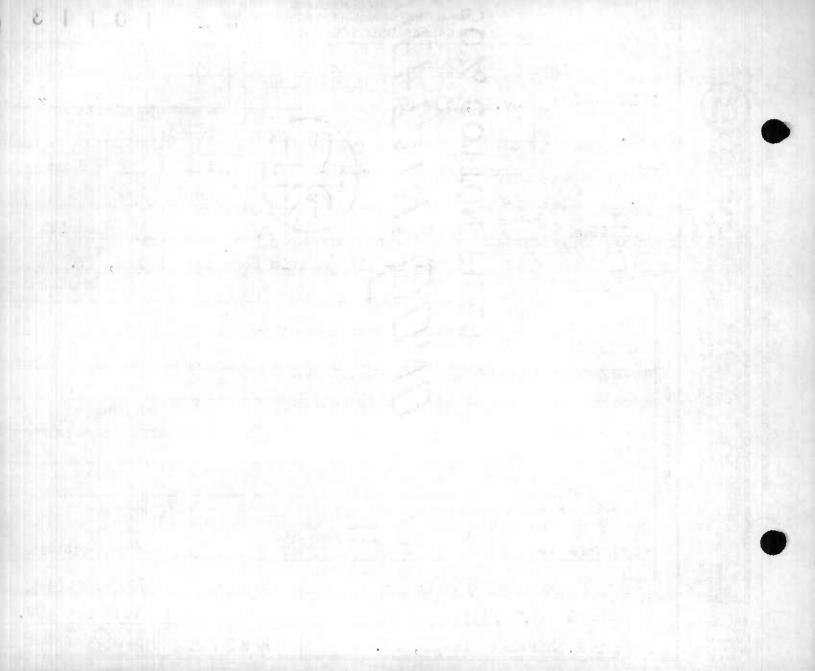
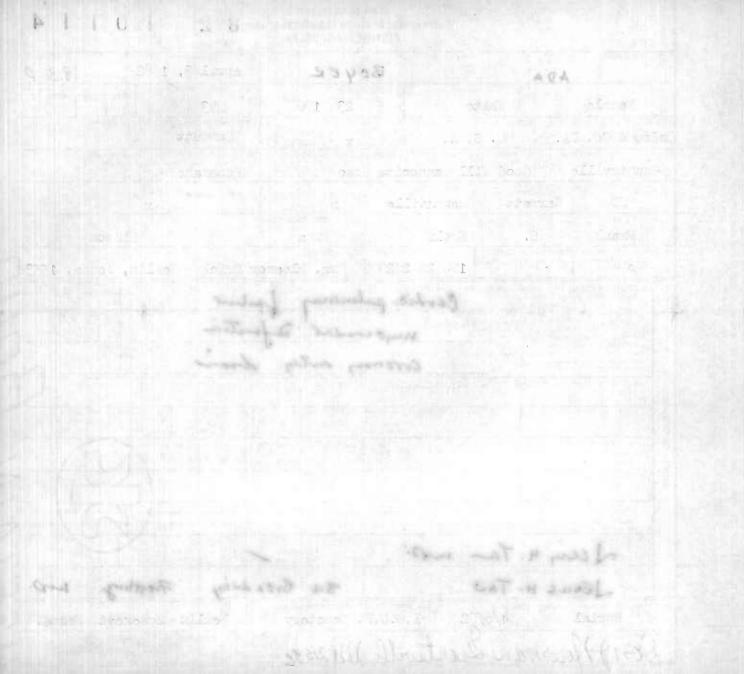
-	- S	OR TATE EGISTRAR				FHEALTH	MARYLAND I AND MENTAL I CERTIFICATE C	HYGIENE OF DEATH	2 REG. NO	1 0	1	1	2
T.		EASED NAME OR PRINT)	Russ	sell	Joseph	3	Beard		ATE KNOWN ATE ESTI-) MONTH	19	YEAR 82	2ь HOUR 1Р
	SEX	ale	4 RACE White	S. DATE OF BIRTH	1920 61 61	HYEARS IF UN	DER 1 YR. IF UNDER	MIN PRON	DATE IOUNCED DEAD	монтн	19 .	YEAR	2d HOUR 430P
3	a BIR	THPLACE (ST	TATE OR	Th. CITIZEN OF WH		8. MARR	IED X NEVER MARR	RIED 📙	Garret		TY OF DE	EATH	MD
C		loomin			PITAL, NURSING HO			Labor	CCUPATION (TYPI E WORKING LIFE)	E OE WORK		D OF BUS	
	Md			e or other institution, Gr INTY Crett	13c. BY OR IOWN		13d. INSIDE CITY LIMITS? YES NO	13e. STREET A	DDREBOX 3	6 Blc	omin	ngton	Md.
1	4 FA	THER'S NAME Howar		WIDDLE	Beard		15. MOTHER'S MAID FIRST Pleas		MIDDLE			ast alliv	an
1	60 W	AS DECEASE!	D EVER IN U.S. A	RMED FORCES?	213-12-9		Mrs Cla	udine Be	eard Box		3loom	ingt	on Md
KEMOVAL.		PART I DE	ATH WAS CAUS MMEDI Ons, if any, which	ATE CAUSE (o)	oronary a		disease	zed			Pea.		NTERVAL AND DEATH
	NC	cause (a) lying cau		DUE TO, OR	AS A CONSEQUENCE BUT NOT RELATED TO THE T CCIDENT 11		e or condition given in P. and 1981	ART I (o).					
1	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OF	PERATION W	/AS PERFORMED?				3	UTOPSY?	NO 😿
)ICAL	UNDERLYING	NG CAUSE O	F DEATH P.M.	MONTH DAY	21f. LC	OW INJURY OCCURRI		OF INJURY IN ITEM 18		ART 2)		STATE
1		22a. I certi death result ACTUAL SIGNATURE	NAME Tam	arge of the remains destrural causes (**).	cribed obove, held an	n utop	osy , Inspection,	on , Inc Undetermine	quiry (**), on ed monner	DATE SIGN	pinion 4	- 19-:	
7	-	-	TION, REMOVAL	123b. DATE			Cemetery	23d. LOCATI	on Ömington	Gar	rett	Mď	ATE .
		NERAL DIRECT	11/00	ervice P.	A. Wester	nport	- ADI	R 2 2 19	STRAR 256. REG		SIGNATU		

and not used to decrease and new terms to the state of you brand openantioned a day - 1-fine to the transfer of and the state of t . M Control of the co A THE RESIDENCE OF THE PROPERTY OF THE PROPERT



		FOR STATE REGISTRAR			RTMENT OF I	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG.		0 1	1 4
		CEASED NAME FIF		MIDDLE B	-	AST O	April 3		AY YEAR	2b HOUR
	3. SE		DA	RACE	S. DATE O		6. AGE (IN YEARS LAST		F UNDER I YEAR	8:30 P
	J. JL	Female		White	MONTH	23 DAY 1908	73	M	ONTHS DATS	HOURS MIN
15		RTHPLACE (STATE OR FOREK COUNTRY) LFORD CO. PA		U. S. A.	Y? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY Garret	_	OF DEATH	
70	0	rantsville		1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR GOOD WILL Menn	SING HOME (BET ADDRESS) onite	OR OTHER INSTITUTION	12d USUAL OCCUPA (1YPE OF WORK FOR MOS Homemak	OF WORKING LIFE	126. KIND OF INDUSTRY	BUSINESSO
3E	130	MD C	COUNT		NWN	13d INSIDE CITY LIMITS? YES 🟋 NO 🗌	13e. STREET ADDRES:	x		
10		Frank	S		Man &	15 MOTHER'S MAIDEN NA EMMA	MIDDLE		inson	
1	16a V	VAS DECEASED EVER IN U		ED FORCES? 166 SOCIAL SE		Mrs. Elean	or Brick	Berlin		• 1553
	NO	Conditions, if ony, wh gove rise to immedia couse (o), storing to underlying couse le	ote the ost.	DUE TO, OR AS A CONSECUTION (c) CONTRIBUTING T	OUENCE OF	1	doseis INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
9	CERTIFICATION	190 DATE OF OPERATION	1	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
9		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OFDEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF IN	PURY IN HEM TO PAR	T I OR PART 2)	X 10 7.5
	MEDICAL	WHILE NOT WHILE AT WORK		218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
		sow the deceased of	ive on_	1) attended the deceased from 19 view the body ofter death.	, or	, 19 d that in (my) (our) apinion (, to death occurred on the			ouses stated
		22d PHYSICIAN'S NAME	4 4	· Tan mi	7.	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22¢ DATES	IGNED
1	22	JEGU	SH	- TAN		34 Bro	a dway	Frestlo	wy	usp.
	(URIAL, CREMATION, REMI	OVAL	. 1 . 1 -		· Cemetery	23d LOCATION Berlin			ennä.
	74 FL	AME THE	um	an Liants	ville	MA 215 3 PR	E REC'D. BY REGISTRA	R 256 REGISTR	R'S SIGNATU	RE



Oakland, Maryland

21550

FOR - STATE

TYPE OR PRINT

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

Bradley A. Stewart

DHMH - 16 50M 1/81

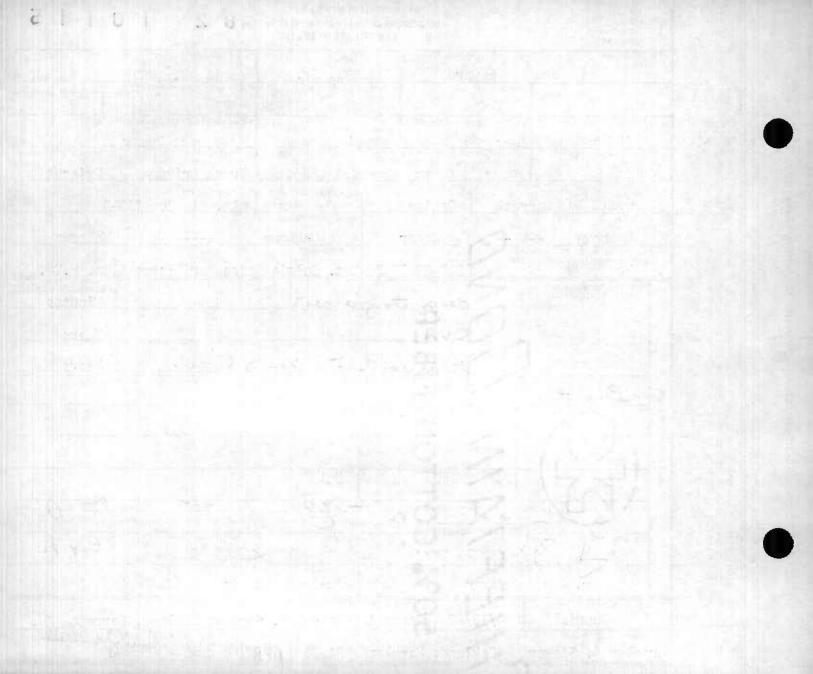
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁

CERTIFICATE OF DEATH

LAST

20 DATE OF DEATH 2b HOUR April 09, 1982 03:30 AM IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Garrett County 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frieght Rt. #1, Box 133-B Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes Years Years 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY CITE OF TOWN STATE our) apinion death accurred on the date and hour and from the causes stated 21550 Garrett County Mem. Gardens Oakland, Garrett, Md. have



STATE OF MARYLAND

	- STATE REGISTRAR			DEPARTA		FICATE OF DEATH	REG. NO).	U I	
	I. DECEASED NAME	THE		MAY	-	AVIĖS	20. DATE OF DEATH April	25 ,	1982	2:29 P
	3. SEX Female			ite	5. DATE O		6_AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	7a. BIRTHPLACE (STATE OR Maryland	以 自己	U	SA	WIDOWE		garrett			MD
5	Oakland		Garret	t County	Memor	rial Hospital	Housewife		LIFE) INDUSTRY	of Business or ome
5	130 STATE Md.	136 COUN		Mt. Lake	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 1100 Oak1	and I	Avenue	
0	14. FATHER'S NAME FIRST Charles		MIDDLE	Taske		15. MOTHER'S MAIDEN NA	Victor		Pau	ugh
	(YES, NO OR UNKNOWN)		MED FORCES?	216-40-2		Mr. Thomas H	ADDRE 1. Davies, S			
	18 CAUSE OF DEAT PART I DEATH W		lly one couse per D 8Y: [E CAUSE (o)	Ineforiol, (b), one ARTE	rio S	clevosis				ears
	Conditions, if any gove rise to improve to improve to improve to improve to improve the course the	mediote	(b)_	r as a conseque						
	underlying couse PART 2 QTHER SIG	e lost.	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	LINAL DISEASE OR COND	ITION GI	VEN IN PART 110	0
7	NO LA TE OF OPERA		mall's		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?
7	710. ACCIDENT WAS UN	CAUSE OF DEA	1111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		PART I OR PART 2)	ИО []
	OR CONTRIBUTING		21e PLACE		19	21f. LOCATION	CITY OF TO		COUNTY	77.48F

NOT WHILE

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

sow the deceosed olive on.

Dr. Thomas Mance, D O

burial

0 22e ADDRESS

Pleasant Valley Cem

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

Third Street, Oakland, Maryland 230 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked

Bradley A. Stewart

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATUR

23b. DATE

4/28/82

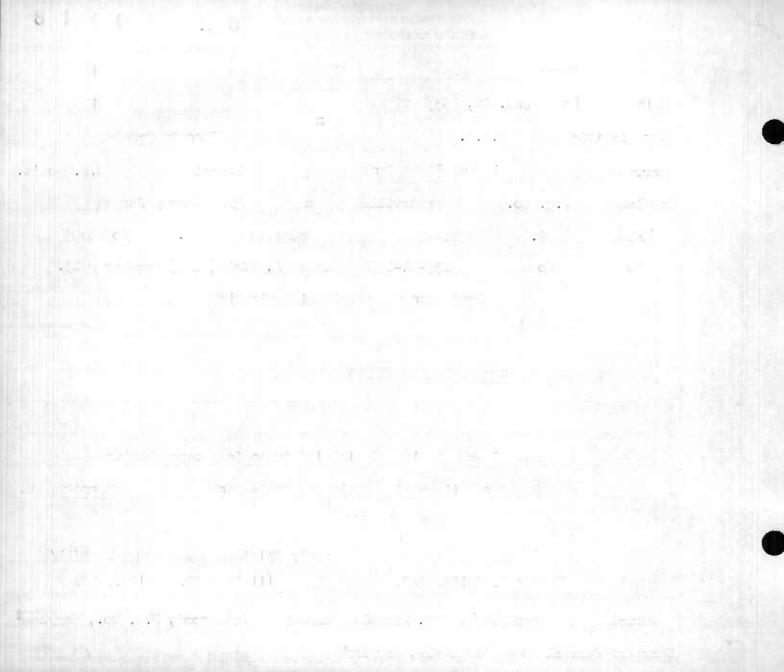
Oakland, Maryland

21550

Oakland,

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		Z.Warret unt W	\$	
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			in it, coner as	esti -a

12	1-	FOR STATE REGISTRAR				F HEALTI	MARYLAND H AND MENTAL CERTIFICATE	HYGI ENE OF DEATH	2	1 0	1 1	8
-		CEASED NAM	FIRST		MIDDLE		LAST	20.	DATE KNOW	N N MONTH	DAY YEAR	2b. HOUR
Na Jon II	(14	PE OR PRINT)	Jerry		Don		Fink	0	OF ESTI-		10 19 82	,
3638 W	3. SE	(1. RACE	5. DATE OF BIRTH	6. AGE (III	YEARS IF UI	NDER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE	MONTH		R 2d HOUR
23555 83555	M	ale	White	Jan. 22,	1955 27	YRS.	THS DAYS HOURS	MIN. PRO	DEAD	4	10 1982	3:30F
SSAL SSAL FINN FEST	70. B	IRTHPLACE (S DREIGN COUNTRY)		76. CITIZEN OF WI	HAT COUNTRY?	10	RIED A NEVER MARI	9. B	ALTIMORE CI		NTY OF DEATH	- 1, 201
AND THE STATE OF T		st Vir	rinia	U.S.A		WIDOV	CO		Garrett	County	V	440
ISN SESS		ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HO			120 USUAL	OCCUPATION	(TYPE OF WORK	126 KIND OF	BUSINESS
A PARISON	1	arrett			un State F			Mecha	OF WORKING LIFE)	ı	U.S. G	
T DE STEE	USU		(IF IN NURSING HOME O	OR OTHER INSTITUTION GI	VE RESIDENCE BEFORE ADM	ISSION)	has more an arrange				10.0.0	OV 0.
AN A		ryland	P.G.		Hvattsv:		13d. INSIDE CITY LIMITS? YES A NO			y Stre	o+	
. F 2, 2, 3. 3. AL.		ATHER'S NAME				1110	15. MOTHER'S MAID			y Stre		
BALTIMORE, MD. 21201 S: AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND TITH FORM PM 3. RETA PAGES 1 and 2 SHOUL WISION DEVITAL RECOL		Ralph	0	MIDDLE	Fink		Margar		E.	To	hnson	
AOR AOR	160.	VAS DECEASE	D EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDI		IIIISOII	
LTIA VE P SION SION	0	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES	233-84-	1 = = 6	Vitarian T	Tri mla	(113.60)	Same a	- 4 12	
RS A SIN	H	NO Is CAUSE O		ne	for (o), (b), and (c).)	1550	Vivian L.	FIRE	wile	Seme a		ATE INTERVAL
ST.		PARTIDE	ATH WAY AS A ALICE	D BV		mana	vido intov	toottoo			BETWEEN ON	SET AND DEATH
ON THE PER STANDARD		810	2 IMMEDIA		AS A CONSEQUENCE		xide intox	Icalion				
EMC EMC EMC EMC EMC EMC EMC EMC EMC EMC	1	Condition	ns, if ony, which	DOE 10, OK	A3 A CONSEQUENC	01						
W. P.	-		se to immediate stating the under-		AS A CONSEQUENCE	25.05						
Z AAV		lying cou		DUE TO, OR	AS A CONSEQUENC	,E OF						
S. 2		BART 2 DIVING	CHILICANT COMPLETE	(c)	BUT UST ST. 1712 - 1717							
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY FEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR: PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR TO VENERAL DIRECTOR: PAGE 3 SHOULD BE FILED, WITHIN 77 HORD TO THE STATE DEPARTMENT OF HEALTH AND MEDITAL HYGIENE, DIVISION DEVITAL RECORDS, 201 W. PRESTON BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	CARL Z DINEK SI	OMIFICANT CUNUITIONS	COMINISOLING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	SE DIE CONDITION GIVEN IN P	'ART 1 (a).				
LE HELD	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OF	PERATION V	VAS PERFORMED?				20 AUTOPS	Y?
AT SESSION IN	Ĭ										YES X	NO
A PHENOMEN OF THE PRENOMEN OF	1 8		L CAUSE WAS	21b. TIME OF		EAR 21c H	IOW INJURY OCCURR	ED (ENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 OR F	ART 2)	
OR THE COUNTY	3	UNDERLYING	G ☐ CAUSE OF			82	nhaled fum	es from	space	heate	r	
VISI NING ED 1 3 S.H. PRIG	ă	21d. INJURY C			OF INJURY (AT HOME		CATION					
MRIIS CARDINE COLOR	×	WHILE AT WORK	NOT WHILE E	park	(in van)	В	ig Run Sta	te Park	Y OR TOWN	C	Garrett,	. Md.
RWY RWY				261	, min 1997 - 1945		(Z)					
A T T S S T T S	1		-1	pe of the remoins	ribed above, held a	Autor	1		nquiry	and in my o	pinion	
A PER SERVICE	1	death result	ed trong	rat causes	Acodent To	Suicide	, Homicide	Undetermi	ned manner			
A - SUBER	1	ACTUAL (11/1	moll	MARI X		TITLE (SPECIFY)	tos		DATE	4/11,	100
SEX SER	1	SIGNATURE)	100	o Hoogs	2000	^	Deputy Ch	MEDICAL	EXAMINER	SIGN	IED 4/11/	OZ
S S S S S S S S S S S S S S S S S S S	-	EXAMINER'S	NAME Tho	mas D. Sm	ith, M.D.	11.	1000000	II Penr	st.	Balto.	, MD.	
PAGE AFTE	73a F		TION, REMOVAL			CEMETERY (ADDRESSOR CREMATORY	23d. LOCA				
	1	SPECIFY)	Party Hall					CITY OR TO	OWN		UNITY	STATE
BP	24 F	Burial DIRECT		pril/14/8	Z [FG. Li]	ncoln	Cemetery 1250 DATE	REC'D. BY REC	twood,	REGISTRAR'S	SIGNATURE	yland
DHMH - 17 (VR A15 ME (5))	-	NAME		ADDRESS			A PART OF THE PART	To Target		~4		00
15M2/80	Cr	ampers	Funeral	Home Riv	erdale, M	aryLan	10	APP	1 5 100	9 1		11.576
								4 44 5 5	1 0 130	6.	11	



F 1 1 0 Arter oscieraste, generalized generalized . . . James M. Jerston, Jr., M. S. 197 S. and. St., Oakhank, Mr.

Name		1-	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8 2	1 ()	2
April 25, 1982 3. DATE OF BIRTH FORMAL FOR				WIDDLE	of	LAST /	The second second second		YEAR	26 HOU
Female White March 2, 1898 92 98 1898 1) [Anna	FM	ench	April 25	, 1982		10:
To BRITHPLACE STATE OFFOREON The CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED STATEMANY TO COUNTY TO WOOD T	3			4 RACE			6. AGE (IN YEARS LAST BI	RTHDAY] IF	UNDER I YEAR	IF UNDER
INCOMPT NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION USUAL OCCUPATION (IF HOS IN SURFICIAL TOWNS) USUAL OCCUPATION (IF HOSPITAL NURSING HOME OF OTHER INSTITUTION OF CARRIED IN COUNTY) USUAL OCCUPATION (IF HOSPITAL ROBES) USUAL OCCUPATION (IF HOSPITAL ROBE) USUA				White	Mar	ch 2, 1890	92	YRS	DATS	HOURS
Oakland Cuppet Weeks Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS Nursing Home USUAL RESIDENCE (# NURSING KONE OF DITTED WEEKS NURSING HOME) IN FAITHER'S NAME LAST LAST WORK NURSING WEEKS NURSING HOME IN FIRST ADDRESS IND OF LAST NURSING WEEKS NURSING HOME IN FIRST ADDRESS IND OF LAST NURSING WEEKS NURSING HOME IN FIRST IND OF LAST NURSING WEEKS NURSING HOME IN FIRST IN MOTHER'S MAIDENING STREET ADDRESS IN O WEEKS NURSING WEEKS NURSING HOME IN MOTHER'S MAIDENING WEEKS NURSING HOME IN MOTHER'S MAIDENING HOME IN MOTHER'S MAIDENING HOME IN MOTHER'S MAIDENING WEEKS NURSING HOME IN MOTHER'S MAIDENING HOME IN MOTHER'S MAIDE	35	C	OUNTRY)		MARRIE			_	FDEATH	
13s STATE	10	0	akland	Cuppett Weeks N	ET ADDRESS)		TYPE OF WORK FOR MOST	OF WORKING LIFE)	126. KIND OF INDUSTRY OWN	
Teresa Middle Sava Ide Was decased ever in u.s. armed forces? Ide Social security no. If yes, no or unknown) If yes gave was de dates) Part I. Death was caused by. Immediate cause to immediate cause to immediate cause in the underlying couse lost. Due to, or all constitution of the underlying couse lost. Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part. If ye date of operation If ye date of injury In ye date of	201	30 S	TATE 136 COU	NTY 13c CITY OR TO	WN					
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 213-12-9639 Naomi Frantz, Rt. 1, Friendsville, 18 CAUSE OF DEATH lenter only one couse per line 1-101, (b), and ic PART 1. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDI			FIRST	DeWitt		FIRST			Savage	r e
DUE TO, ORAS CONSEQUENCE OF DUE TO, ORAS CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPART 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FIN. IN CERTIFYING CAUS YES OR CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO YE		{Y	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!				ESS		
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d NJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY AT WORK 22. Lettify that (II) this hospital of the deceased from and that in (my) (our) opinion death on freed on the date and hour and from the date of the	G	ICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT			T206, IF YES, V	VERE FINDIN	IGS USI
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED White ALWORK 10	1	E .				8		YES [NO
The second also and the deceased from the deceased from the deceased from the deceased also and the deceased from the deceased discount file body after death. DEGREE ATTENDING MEDICAL STAFF	All min		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
The Signature Degree ATENDING MEDICAL STAFF		WED	WHILE IN NOT WHILE IN		FARM, ETC I		CITY OR TO	wn	COUNTY	
ATTENDING MEDICAL STAFF			saw the decrosed alive on above. (f) (we) (did) (did no	Mor. 20 0	22	nd that in (my) (our) apinion (deoth on fred on the d	, 19. ote and hour o	nd from the c	that (1)
B.L. Grant, M.D. 226 ADDRESS Oakland, Md. 21550			Sto	Hansmo		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗌	22c. DATE S	15-
5	1		B.L. Gran	t, M.D.			. 21550			
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY Burial Apr. 28, 1982 Blooming Rose Cemetery Friendsville, Garre	23	3a. Bl	JRIAL, CREMATION, REMOVAL PECIFY)				CITY OR TOWN	c	OUNTY	

1500 , and the state of COLUMN CENTRAL CONTRACTOR OF THE COLUMN COLU

to HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with

should be detached far use as the burial-transit permit. Then please remove corbanpapers. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been

and 2 th

FOR FOR STATE REGISTRAR		DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENE 8	2 REG. N	1	0	1	2
1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE C	F DE ATH	HINOM	DAY	YEAR	21 0 101

	CEASED NAME OR PRINT)	FIRST AR THA		THER INE		IME	20 DATE OF DEATH	4/24	DAY YEAR	219.045
SEX		AK I II.	4. RACE WHITE	INEKINE	5 DATE O		6 AGE (IN YEARS LAST	-,	IF UNDER I YEAR	IF UNDER 24 H
a. BIF	RTHPLACE ISTATE OR FO		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	ED NEVER MARRIED	9 BALTIMORE CIT			
	GRANTSVIL				NG HOME	OR OTHER INSTITUTION NURSING HOME	174 USUAL OCCUP	ATION	125 KIND	HOMB
MAJ	AL RESIDENCE (IF NURS STATE RYLAND	N3b COUN	OTHER INSTITUTION STY	GIVE RESIDENCE BEFORE 134 CITY OR TOW FROSTBU	/N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES		TREET	
4 FA	GEORGE		MIDDLE	POLAND		15 MOTHER'S MAIDEN NAM	WIDDIE		BOYC	3
60 W		(IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU 214-07-		B MR. ERNES			G, MD.	APLE S
	18 CAUSE OF DEAT PART I. DEATH W Conditions, if any gove rise to im- cause (a), stotir underlying cause PART 2. OTHER SIGN	AS CAUSE IMMEDIAT which mediate ig the last	D BY E CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUI	ENCE OF	port.	INAL DISFASE OR CO	ONDITION G		
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR YEAR (TYPE OR PRINT) Viola Web HARVEY April 7, 1982 900P 3 SEX 4 RACE DATE OF BURTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR Female. White Sept. 10, 1900 81 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Garrett WIDOWED DIVORCED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Oakland Garrett County Memorial Hospital Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION STATE

136 STATE Oakland 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Garrett Md. Star Route #1, Box 55-C NO [X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Truman Harvey Lambert Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT No 235-16-0404 Mrs. Josephine Moon, See #13 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE OF Canditions, if any, which Whavil Cip gove rise to immediate couse to , stating AS A CONSEQUENCE OF underlying cause last ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE WHILE NOT WHILE sow the deceased alive on. and that in (my) (x) opinion death occurred an the date and hour and from the causes stated abave, (1) (XeX (did) (aXiXX) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Dr. B. L. GRant, MD Third St., Oakland, Md. 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN 4/10/82 Oakland Cemetery burial Garrett, Manyland

DHMH - 16 50M 1/81 (VRA 15, 4)

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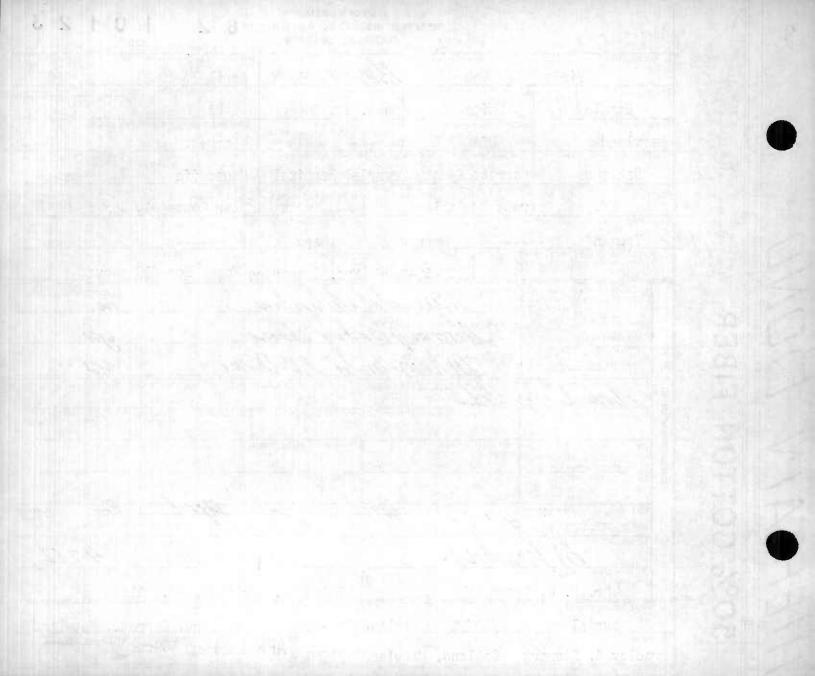
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Bradley A. Stewart

24 FUNERAL DIRECTOR

Oakland, Maryland 21550 Oakland.



Cillian Mae Multing Committee 2:13 p Vanuale Maite Outober 8, 1898 2202257 Oakland Currett-Hooks Nursing Horse Nurse Nurse Nurse Md. Cerrett Cabland x 320 S. Second Strent Harry Holbig Etta Hao Axnold 2049 Cordinat Lane Yes WHII 215-32-7950% Virginia Colling Clongwetor, Fla. 33516 A.E. Mance, M.D. Phird St. Cakland, Margiand 215501 Burial 4/5/82 Calland Country Calland Carrett Md. Curren uneral None Constand, Maryland - Alle State Court

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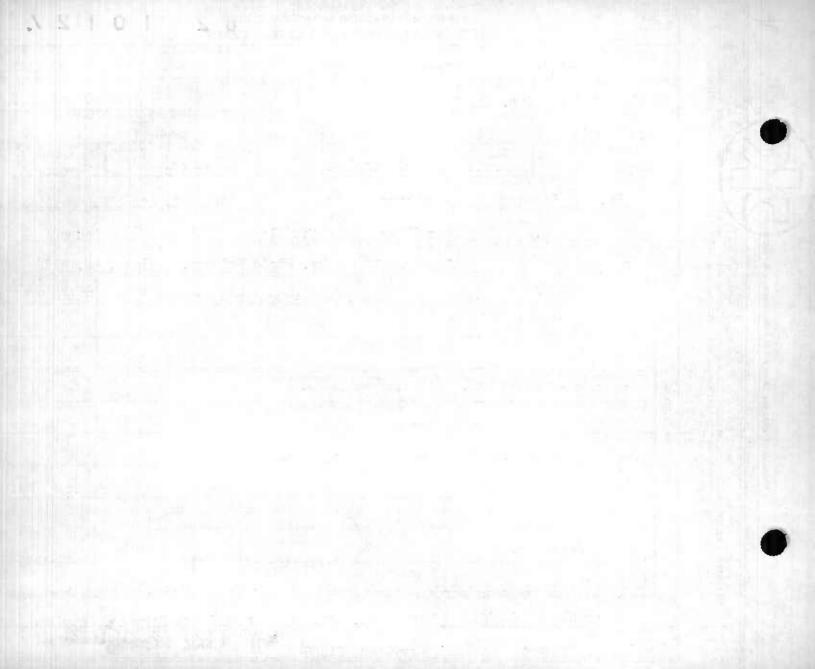
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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-82 Richard White JANNEY 19 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX DATE PRONOUNCED 5-28-1904 L13QA Male White To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Maryland Garrett WIDOWED DIVORCED FILED, 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Friendsville Agricultural Super. State of SHOULD BE F Mill Run Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b COUNTY 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Garrett Friendsville NO X Route 2, Box 63, Mill Run Rd. Maryland OFVITAL I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PM. MIDDLE LAST FIRST Sallie John Janney 17. INFORMANT 166 SOCIAL SECURITY NO. 168. WAS DECEASED EVER IN U.S. ARMED FORCES? NSIT PERMIT. PAGES 1 L HYGIENE, DIVISIONAL (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy C. Janney, Rt. 2, Friendsville, Md No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary artery disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF 11 Arteriosclerosis, generalized Conditions, If ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURNAL, 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE Inspection X TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
POSE A SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALLIMORE, MARYLAND, 2 22s. I certify that I ook charge of the remains described above, held an Autopsy Notural causes Undetermined monner death resulted DATE 4-17-82 ACTUAL 107 S. 2nd. St., Oakand, Md. Feaster, Jr., 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Westview Memorial Park Cremation Baltimore. Md. BP. **DHMH - 17** Euman Grantsville, Md. (VR A15 ME (5)) 15M 7/76

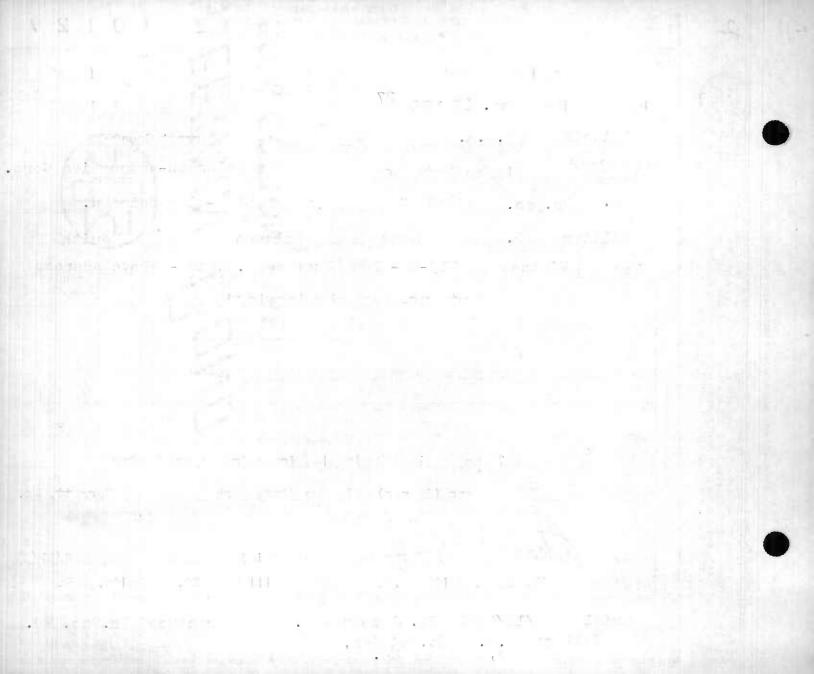
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		FOR - STATE REGISTRAR CEASED NAME FIRST	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	
	(TYP	EORPRINT) Darlie	Mary KEEFER	CAST	April 15	10
1	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER LYEAR IF UNDER 24 HRS
		Female	White	Oct. 11, 1911	70	YRS.
SAL	70 B	IRTHPLACE I STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
377	W	est Virginia	USA	WIDOWED NORCED		
1 [10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS)	12a. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF	
2	100	Oakland	Garrett County	y Memorial Hospital	Housewife	Home
シス	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	VIY 13c. CITY OR TO	OWN 134 INSIDE CITY LIMITS?		
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vent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o) (b),	and icil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ran		Conditions, if ony, which gove rise to immediate	(p)	Corelovo Vos	wer the	west 1 de
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ljury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TE	rminal disease or cone	DITION GIVEN IN PART 110
any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
300	Ĕ				YES NOW	IN CERTIFYING CAUSES OF DEATH?
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ltem]		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
ž	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
marked or	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC) STREET	CITY OR TO	WN COUNTY STATE
Ê			tal) attended the deceased from	m //- 4/ 10 X	2 10 4/15	7 19 that (1) (ye) lost
2	1	sow the deceased grive on	4/15		on death occurred on the do	the and hour and from the causes stated
E B		22b, SIGNATURE	t) view,the body after death	DEGREE		22c. DAJE SIGNED
				ATTENDING	MEDICAL STAF	F Clarla
-	1	224 PHYSICIAN'S NAME (TYPE O	R PRINTLE SULVE	PHYSICIAN 1226 ADDRESS	DIRECTOR PHYSIC	IAN 1 113 (02
			as Johnson, MD		th St., Oakla	and, Md. 21550
<u> </u>		BURIAL, CREMATION, REMOVAL		34 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	, , , , , , , , , , , , , , , , , , , ,
		burial		Keefer Cemetery	Oakland.	Garrett, Maryland
81	24 F	UNERAL DIRECTOR	17 207 02 1	25AD		25 REGISTRAR SIGNATURET
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) OF ESTI-Bradley DEATH MATED Quinn 10 19 82 Means 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 3:30P PRONOUNCED DEAD Male White Nov. 10 19 82 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Illinois U.S.A. WIDOWED DIVORCED Garrett County II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Salesman-Automotive Cumberland Big Run State Park SUAL RESIDENCE (IF IN NUTSING COUNTY 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Lanham 6874-Riverdale Rd. YES X AND 2 SHO NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Means Collegn Smith 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS USED AS A BURIAL - TRANSIT PERMIT, PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION OR RIAL, CREMATION, OR REMOVAL. 213-66-2288 Vietnam Therese A. Means - above address Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute carbon monoxide intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO 🗌 E3 SHOULD BE UDEPARTMENT CONTROL TO BUR 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 4 10 1982 inhaled fumes from space heater 21e PLACE OF INJURY (ATHOME. 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE DI park(in van) Big Run State Park Garrett. Md. TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FIFE DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held any Autopsy and in my opinion death resulted from: Homicide Undetermined manner TITLE (SPECIFY) Deduty Chiefredical ExaminER 4/11/82 Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial Lincoln Cem Brentwood Pr. Gen Ma 24. FUNERAL DIRECTOR levis **DHMH-17** (VR A15 ME (5)) Ubc 15M 2/80



	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	10.		
	PECEASED NAME FIRST	WIDDLE	Mos	nnett	20. DATE OF DEATH	MONTH D	AY YEAR	2b
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3. S	Female	White	5. DATE OF	7 7 AY- 1891	6. AGE (IN YEARS LAST BE	YRS.	FUNDER I YEAR	HC
35 70	COUNTRY) Md	76. CITIZEN OF WHAT COUN	WIDOWED		BALTIMORE CITY G	or county rett	OF DEATH	
	Grantsville	Mennite, M	ursing home of	Home	120 USUAL OCCUPAT	ION OF CORKING LIFE	12b. KIND C INDUSTRY	OF B
35 130		ITY I3c. CITY OR		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Charle:	stown	Stree	et
10	FATHER'S NAME FIRST Henry	Mille Mille	İ	15. MOTHER'S MAIDEN NAM Annie	MIDDLE		Nice	51
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADDR			
2 160	no no	E WAR OR DATES)		Andrew Con	nor From	stburg	g, Md.	•
	PART I. DEATH WAS CAUSEI	E CAUSE (a)	Chrotip r	esqueny of	Friling			ONS
		D BY: E CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	my arting	doese			ONS
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	E CAUSE (a) C DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) C	EQUENCE OF	my arting	dserge NAL DISEASE OR CON	NDITION GIVE	N IN PART I	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	E CAUSE (a) C DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) C	EQUENCE OF EQUENCE OF	arling OT RELATED TO THE TERMIN	NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	al NGS OF
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	E CAUSE (a). DUE TO, OR AS A CONS (b). DUE TO, OR AS A CONS (c). ONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 19b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF EQUENCE OF TO DEATH BUT N	arling OT RELATED TO THE TERMIN	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	al NGS OF
EDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	E CAUSE (a). DUE TO, OR AS A CONS (b). DUE TO, OR AS A CONS (c). ONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 19b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF TO DEATH BUT N HICH OPERATION DAY YEAR 19	OT RELATED TO THE TERMIN	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	ol NGS OF
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURED WHILE AT WORK AI WORK 22a I certify that (I) (this hospit	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI TH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF EQUENCE OF TO DEATH BUT N HICH OPERATION DAY YEAR 19 FFICE, FARM, ETC.)	OT RELATED TO THE TERMIN WAS PERFORMED 216. HOW INJURY OCCURRE 216. LOCATION STREET	200 AUTOPSY? YES NO CONTENT NATURE OF INJURY CITY OR TO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 10, PAI	WERE FINDING CAUSES RETTOR PART 2) COUNTY	NGSS OF
EDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTING COUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WITH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF EQUENCE OF TO DEATH BUT N HICH OPERATION DAY YEAR 19 FFICE, FARM, ETC.)	OT RELATED TO THE TERMIN WAS PERFORMED 216. HOW INJURY OCCURRE 216. LOCATION STREET	200 AUTOPSY? YES NO CONTENT NATURE OF INJURY CITY OR TO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 10, PAI	WERE FINDING CAUSES RETTOR PART 2) COUNTY	NGS OF N
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WOR	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WITH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT N HICH OPERATION DAY YEAR 19 PRICE, FARM, ETC.)	OT RELATED TO THE TERMIN WAS PERFORMED 21c. HOW INJURY OCCURRE 21f. LOCATION STREET 19 I that in (my) (our) opinion diesere EGREE ATTENDING	200 AUTOPSY? YES NO CONTENT NATURE OF INJURY CITY OR TO	20b. IF YES, IN CERTIFY YES SIRY IN ITEM 18, PAI	WERE FINDING CAUSES RETTOR PART 2) COUNTY	NGS OF
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a1), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALIES OF DEA (IF EITHER, NOTIFY MODICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIFY MOTION AT WORK 22a I certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did not on obove, (I) (we) (did) (did not one obove, (I) (we) (did) (did not one obove.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI TH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT N HICH OPERATION DAY YEAR 19 PRICE, FARM, ETC.)	OT RELATED TO THE TERMIN WAS PERFORMED 21c. HOW INJURY OCCURRE 21f. LOCATION STREET 19 I that in (my) (our) opinion diesere EGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18, PAI DWN late and hour	WERE FINDING CAUSES IT I OR PART 2) COUNTY 9, ond I rom the	nGS OF
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE COUSE OF DEALIFEITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hospit sow the deceased alive on obove, (I) (we) (did) (did not 22b SIGNATURE	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WITH 19b. CONDITION FOR	EQUENCE OF EQUENCE OF TO DEATH BUT N HICH OPERATION DAY YEAR 19 PEFICE, FARM, ETC.)	THAT IN OUR PRINTED TO THE TERMINATION OF THE TERMI	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18, PAI DWN late and hour	WERE FINDING CAUSES IT I OR PART 2) COUNTY 9	nGS OF

Total 7 Lings of Steamen Mite Car 1991 91 Grantsville vereing Home Home House 33. einner counie enurse Common Frosting, Md. J. Spending V. Tun. Surial 1/10/62 Owk Hill Cemetery lon corung disaform Juneres Home Jamesoning, Md. Par

1-	OR TATE	DEPARTMENT OF HE	EALTH AND MENTAL HYG R'S CERTIFICATE OF E	DE AU L	0131
I. DI	EGISTRAR EASED NAME FIRST OR PRINT)	MIDDLE	LAST LAST	20. DATE KNOWN MC	ONTH DAY YEAR 2b. H
	Charles	Walter	Oates	DEATH MATED	
SE	4. RACE S. DATE OF B	BIRTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI	N. PRONOUNCED	ONTH DAY YEAR 2d. H
7. 0	Male White 3 18 THPLACE (STATE OR 76 CITIZEN C	1916 66 YRS.		DEAD 9. BALTIMORE CITY OR CO	3 31 1982 5P
7 G. E	EIGN COUNTRY)		MARRIED NEVER MARRIED		OUNT OF BEATH
10. 0	Y OR TOWN OF DEATH 11. NAME OF	F HOSPITAL, NURSING HOME, O	WIDOWED DIVORCED OR OTHER INSTITUTION 1126	USUAL OCCUPATION (TYPE DE V	WORK 12b. KIND OF BUSINES
		CUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE) M Chev. Plant	OR INDUSTRY
	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE ATE \$135. COUNTY	ION, GIVE RESIDENCE BEFORE ADMISSION	n .	STREET ADDRESS	AUU
	d. Garrett	Kitzmiller		Shallmar, Rd	9.0
14. F	FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE	1 LAST
	Rebert Allen	Oates	Margaret.	Ellen	Mc Cloud
160.	AS DECEASED EVER IN U.S. ARMED FORCES? 5, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		NO. IT. INFORMAN	ADDRESS	
	es WWII	232 26 2043	Mrs. Alma V	Welch Keyser, W	N.Va.
	 CAUSE OF DEATH (Enter only one cause prepart I DEATH WAS CAUSED BY: 				APPROXIMATE INTERVIBETWEEN ONSET AND D
	IMMEDIATE CAUSE (a)	erenary artery			Years
13		O, OR AS A CONSEQUENCE OF			
	gave rise to immediate (bf.	rteriescleresi: O, OR AS A CONSEQUENCE OF	s, generalized		
	lying cause last.	O, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	NEATH BUT NOT BELATED TO THE TERMINA	AL DISEASE OF CONDITION GIVEN IN PART 1	(a)	
Z		OCATA DOT NOT RECEIVED TO THE TEAMING	AC DISEASE OR CONDITION ONER IN FARE F	0).	
ATIO	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERAT	TION WAS PERFORMED?		20. AUTOPSY?
IFIC					YES NO
CERTIFICATION		ME OF INJURY R A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (B	NTER NATURE OF INJURY IN ITEM 18 PART	
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
MEDICAL	21d INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME, ET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OF TOWN	COUNTY \$1
×	WHILE NOT WHILE STREE	any constant, I many a real		CITTOR TOWN	31
	22a. I certify that took charge of the remai	ins described above held as	Autopsy , Inspection	, Inquiry and in	my opinion
	death resulted from: Natural causes &			Indetermined manner	ту ориног
	X	7	TITLE (SPECIFY)		
	SIGNATURE OF CH	J_Z/	M.D. DEPUTY	MEDICAL EXAMINER S	DATE SIGNED 3 31 1982
	70.11011			MEDICALEXAMINER	Jan a you
	EXAMINER'S NAME (TYPE OF PRINT) James H. Fea	ster Jr. M. I	n_ ADDRESS 107 S	2nd St. Oakla	and Md.
23a.	TYPE OF PRINT) James H. Fea	ster, Jr., M. J	D. ADDRESS 107 S. ETERY OR CREMATORY	2nd. St., Oakla	
	(TYPE OPPRINT) James H. Fea	23c. NAME OF CEME	ETERY OR CREMATORY 2	3d. LOCATION CITY OR TOWN	COUNTY STATE
24.	(TYPE OPPRINT) James H. Fea IRIAL CREMATION, REMOVAL 235. DATE 4-3-82 NERAL DIRECTOR	23c. NAME OF CEME	ETERY OR CREMATORY 2	2nd. St., Oakla 3d. LOCATION CHYCATOWN Elk Garden Min D. D. RAGORAR	COUNTY STATE

IS IT IS TO THE PERSON OF THE passed roller refrain # 38 - 10 E TO BE THE STATE OF CV 132 Acted to the state of the state in the common a transfer of the second transfer of the common of the com Accept the Colon to Colons Year T. T. Cont. C Caractery errors aladaba arrunt. oregin clubais, como = lies There is the contract of the c W. Caraba separation of the state of the later of the lat they at the control of the same of the sam

2 2 1 0 1 Server seles econocides to the server C8 (30) S

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME KNOWN 2a. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Lillian Emma REESE 1982 245R 4. RACE S. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED HOURS 12/18/1910 Female White 71 DEAD 1982 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED X NEVER MARRIED W. Va. USA WIDOWED DIVORCED Garrett 2, AND 3 TO THE FU 3. RETAIN PACE 5 SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Garrett County Memorial Hospital Oakland Teacher Education USUAL RESIDENCE, LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Garrett Oakland 217 Dixon Street YES & NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jediah Breedlove Martin Susan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 253-34-2249 No Lawrence E. Reese same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) USED AS A BURIAL-TRANSIT PERMIT OF HEAITH AND MENTAL HYGIENE, DIRIC, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) Acute peritonitis Conditions, if any, which (b) Sub-phrenic abcess gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. vascular occlusion with bowel infarction PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION Hypoxic hephrosis 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🖫 NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY LATHOME 211 LOCATION STREET FACTORY FARM FTC I STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK that I took charge of the remains described above, held an 22a. I certuy Inspection X. Inquiry X and in my apinion Homicide death resulted from Notural causes Accident Suicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED4-21-82 EXAMINER'S NAME ADDRESS 107 S. Oakland. Md. (TYPE OR PRINT) James H. Feaster. Jr. M. 2nd. ST. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial /24/82 Oakland Cemetery Oakland BP Md. Garrett **DHMH-17** (VR A15 ME (5)) Durst Funeral Home Oakland, Maryland 15M 2/80

Pomela ships 12/18/1910 71 notaleniel darmett " Oakland nigues 253-36-2240 Legronce E. Roose come na 13 nurlal 4/24 93 Onkland Comment Cokland Garages No. Dur E Suneral Boos Gakland, Barrland Commercial

WIDOWED X

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

0	1	3	4
			- 0

2h HOUR

6:25P

	- STATE REGISTRAR	
15	DECEASED NAME (TYPE OR PRINT)	Mar
i	3. SEX Femal	e
85	70. BIRTHPLACE (STATE COUNTRY)	E OR FOR
1	O CITY OR TOWN OF	DEATH
65	Oakland	

Irene RUDY 4. RACE

5 DATE OF BIRTH MONTH White

June 21, 1896

MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [Garrett

12a USUAL OCCUPATION

Housewife

85

6 AGE (IN YEARS LAST BIRTHDAY)

12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

IF UNDER I YEAR

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Garrett Co. Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c CITY OR TOWN

Th CITIZEN OF WHAT COUNTRY?

USA

13d. INSIDE CITY LIMITS? YES X NOF 15 MOTHER'S MAIDEN NAME

Elizabeth

13e STREET ADDRESS 430 E. Oak Street

REG. NO 20 DATE OF DEATH MONTH

April 23, 1982

Md. 4 FATHER'S NAME

ANDDIE Franklin J.

PART I. DEATH WAS CAUSED BY

Be 11 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

Oakland

LAST

17 INFORMANT

Jane

Ashby

Own Home

No

13n STATE

IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES)

Garrett

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ord

IMMEDIATE CAUSE TO

219-03-8672

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Mr. Irvin R. Rudy Jr. Oakland, Md.

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID

200 AUTOPSY?

190 DATE OF OPERATION

CERTIFICATION

MEDICAL

00

5

MPORTANT

21m. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b IF YES, WERE FINDINGS USED NO F

OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

NOT WHILE

PM 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21f. LOCATION

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased five on the body ofter death.

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

Thomas G. Johnson, M.D.

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Oakland, Maryland

23d LOCATION

COUNTY Garrett

Md.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Durst Funeral

230. BURIAL, CREMATION, REMOVAL

4/26/82

23b. DATE

Home

Garr. Co. Memorial

Oakland, Maryland

Oakland

REGISTRAR 256, REGISTRAR'S SIGNATURE

	2.0				
1982 1891	ermiles),				
	a	221, 1896	mut Sun		
	darrate				N. YA.
small mind	Housewi fe	Indignos	th Co. Hemoria	503280	banfino
200172	430 E. Cale		Smelken	d. deriver.	.54
		Elimopen	Liet		milixnorf
Oakland, M6.	Rudy Sr.	Hrs. Trein R.	212 = 03 - 3572		
19.00					
	12 6				
	Ele Faultani	Oaktand, Ha			O Property
		od removered .c			
	Alle a jr		a Amerikan		No.

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	FOR	
11	- STATE	
1	DEC ISTD AD	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	KEOIOTKAK				REG. NO.		
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DA	AY YEAR	26 HOUR
	Willia	mBert	ST	ARKEY	April 6, 1982		220 A M
1. 5	SEX	4 RACE	5. DATE (FUNDER I YEAR	IF UNDER 24 HRS
	Male	White	Apri		79 YRS.	DATS	HOURS MIN.
TE.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
L	West Virginia	USA	WIDOWE		Garrett		MD
0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND O	F BUSINESS OR
	Oakland			ial Hospital	Railroader/Miner		Minina
	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR			113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	90-0	
	Md. Ga	rrett Oakl		YES NO 💢	Route #3, Box 1	93	
14.	FATHER'S NAME	MIDDLE LA	.ST	15 MOTHER'S MAIDEN NA	WE	145	
	Silas	M. Star	key	Mary	Ellen	Pri	ce
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS		
	No.		07-2799	Mrs. Nettie	Starkey, See #13	above	
	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a),	(b), and?	0 1	^ 1	BETWEEN	IMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: TE C AUSE (a)	res	piretory	Hwest	1 1	medis
	4100	DUE TO, OR AS A CON	ISEQUENCE OF	1			111.1-
	Conditions, if any, which	(b)		HURU	Goverdon lute	at	4/2/8
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	IAIL			11
	underlying couse lost.	(c)		MSHU)	101	1)
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART DIC	0 '
TION							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDIN	GS USED
RTIF					YES NOW YES		NO 🗌
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT 1 OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19			42.5	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
-	AT WORK NOT WHILE			h 1	10.10		
	22a.1 certify that (1) (this bospi	tal) attended the deceased		1VUL 1902	-, to 11/10 2 10		that (1) (we) lost
		we me body ofter death		•	death occurred on the date and hour	and from the	couses stated
	22b. SIGNATURE	10.	7-1-1-1	DEGREE	NEDIC	27C DATE	SIGNED
	10	Jarren		-	MEDICAL STAFF DIRECTOR PHYSICIAN	17/6	0/12
	22d. PHYSICIAN'S NAME TYPE C			22e ADDRESS		7.1	
	Dr. Thomas J	ohnson, M.D.		311 N. Four	th St., Oakland,	Md. 2	1550
23a	BURIAL, CREMATION, REMOVAL	The second secon		EMETERY OR CREMATORY	23d LOCATION	count	STATE
	burial	4/9/82	Garrett		lens Oakland, Garr		
24	FUNERAL DIRECTOR	400	Desc	25a. DAT	E REC'D. BY REGISTRAR IN THE GIST	Australia	NA PORT
	D	not Oakland	Marana	A DIFFO ADD	1 / 148/	dr.	

21550

Oakland, Maryland

DHMH-16 50M 1/81 (VRA 15, 4)

MAPORTANT: If Item 21 is marked at Item 18 sho

Bradley A. Stewart

br. Tooms Johnson, ...

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTR	AR			CERTIF	ICATE OF DEATH	REG	NO.		
1. DECEASED N.		FIRST	MIDDLE	l	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)		Bessie	Josephine	TR	READWAY	April	24,	1982	2:13
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
Fem	ale	White	9	Sept	. 16, 1903	78	YRS.	MONTHS DATS	HOURS M
To BIRTHPLACE	(STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
COUNTRY) Mary	land	USA		WIDOWE	D NEVER MARRIED DIVORCED	Garrett			
ID CITY OR TOV				G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP.	ATION		OF BUSINESS
Oakland			COUNTY M		al Hospital	Housewi		Own I	Home
USUAL RESIDEN		HOME OR OTHER INSTITUTION		ADMISSION)	CONTRACTOR OF THE PARTY	Lie areset connec			
Maryla		Garrett	Swanton	N	13d. INSIDE CITY LIMITS?	Rt. 2	Box 28	3	
14 FATHER'S NA					15. MOTHER'S MAIDEN NA	AME			
Walte	27	MIDDLE	Gilbert		Hilda	MIDDLE		Cullison	n
		U.S. ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADI	DRESS		
NO NO OR UN	(KNOWN)	IF YES, GIVE WAR OR DATES)	218-36-8	431	Duane D. '	Treadway	Harper	s Ferry	. W. V
10 CALIC	OF DEATH	Enter poly page 4	s line for to the	luci i		-4		APPROX	MATE INTERVAL
PART	. DEATH WAS	Enter only one couse pe	er line for (a), (b), one	310				BETWEEN	ONSET AND DEA
, AKI	LA VY AS	MAEDIATE CALISE (=)	Pulmonary	7 Inf	arction, left	lower lob	0	3-	7 days
111.	1/41	MEDIATE CAOSE (O)_			The state of the s	TOWLT TOO			-
4/	00	DUE TO. (OR AS A CONSEQUE	NCE OF				U LIPTIN	
Condition	ns, if ony, w				nary Emboli				//
	e to immed	dunte (b)_	Mulbers 1	d TINOI	lary Emborr				
	o), stoting		OR AS A CONSEQUE	NICE OF				17 70 50	
		lost.	JK M3 A CONSEQUE	NCE OF				3.	16
		((c)	Mural Ti	rombo	osis, right a	trium			
PART 2 C	THER SIGNIF	ICANT CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NULTION	IVEN IN PART 1	0
Z									
NO I PO DATE (ongesti OF OPERATIO	ve heart f	allure; co	orona	ry artery ath	eroscleros		ES WERE EN IT	
S IND DATE	OF OPERATIO	IN IN CON	THON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN	
<u>=</u>						YES X NOT		ES M	NO T
W 21- ACCID	ENT WAS UNDERL	IVING [] 21h TIME	OF INJURY		121. HOW BUILDY COOK			100	140
		transfer of transfer of	.M. MONTH DA	Y YEAD	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF II	NJURY IN ITEM 18	PART (OR PART 2)	
	BUTING CAU	SE OF DEATH							
(IF EITHER	NOTIFY MEDICAL		.M.	19	AH 100171011				
ш	RY OCCURRED		OF INJURY	DAY ETC.	211 LOCATION	CITY OF	TOWN	COUNTY	STATE
	NOT WHILE	CALHOME, S	THEET, PACIONT, OFFICE PA	KW EIC	JIMEE	CITYON			JIMIE
AT WORK	AT WORK			-			1		
22a I certi	fy that (I) (th	nis haspital) attended	he deceased from	Man	ch 3 19 7 8	10 Auni	124	1982	that (II (wa)
SET W	he decensed	alive on AAril	24 10 8				1	16	
apave	e, (1) (aus) (did)	alive on Arri	after death.	, on	d that in (my) (our) opinion	geoin occurred on the	dote and ha	our and tram the	couses stated
22b. SIGIS	ALURE	- /. /	7 11	1	DEGREE			22c. DATE	SIGNED
1/4	- /	17/0	- 14	1200 5	ATTENDING	, MEDICAL S'	TAFF		1 8
Na	estron	A Le	entres.	1160	PHYSICIAN I			25 A	toro
22d PHYS	CIAN'S NAMI	E (TYPE OR PRINT)	7		22e ADDRESS			//	
	nerper	t H. Leigh	ton, M.D.		Oaklan	d, Marylan	d 215	550	
23a. BURIAL, CRE	MATION PE	MOVAL 23b. DATE	1 22- 1	AME OF C	EMETERY OR CREMATORY	1236 LOCATION			
(SPECIFY)						CITY OKTOWN		COLINITY	MAR
	Burial	(/ 4/27/	82 Ga	rr. C	o. Memorial	Abroakland	1 4	Garrett	Md.
24 FUNERAL DIE	RECTOR	W. + W.	Minist	•	250 DA	ENECON WORKSHAP	WHI NO SECO	DRAFE TO REMOVE	willow
NAME		Will 17.6	ADDRESS	Maria			Who -	The same of	
Dur	st rune	eral Home	Oakland	, Mar	yrand		1 -5		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Versle Marviane USA Sept. 16, 1003 76 Marviane USA S Carrett Malfest County Secretal Gospital Housewise Own Home Malfest Silbert Hilds Owilkson No. 210-36-0431 Huane D Irandway Harmare Farty, M. No. 210-36-0431 Huane D Irandway Harmare Farty, M. No. 210-36-0431 Huane D Irandway Harmare Farty, M. Herbert H. Mainteon, M.D. Oakland, Haryland 21550 Burial 6/27/62 Carr. Co. Namorial Oakland Carrett Education				
Actand Garrett Sammeon x St. 2 New 283 Walter Stinett Hilds Childson No 218-36-0431 Duane D. Itanders Farry, M. No 218-0481 Duane D. Itanders Farry,		Toph. 15, 1903	estan	of sin't
Walter Swanton x At. 2 Red 283 Walter Silbert Hilds Childen No 210-36-8631 Duans D. Trandway Harmans Fair, No 210-36-8631 Duans D. Trandway Harmans Fair, Tarbert H. Lalunton, N.D. Dakland, Haryland 21550	Special Special		VSD VSD	har lynatt
No. 218-36-9431 Duano D. Exandres Perry, W. Standard Perry No. Oakland, Haryland 21550	Bondovife Dvn None	Intlgrop Inland	Garriott County fer	bes Liau
No 218-36-8631 Duano D. Expadray Harrage Parry, W. Starbart II. Loidness, M.D. Gakland, Haryland 21550	Pt. 2 Box 283		column stemas	hnalveeu
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Negloca H. Inivanon, N.D. Dakland, Haryland 21550	adway Haxmens Perry, H.	in Duane O. Time	218-36-84	
Herbert H. Lolonton, M.D. Dekland, Haryland 21540				
	b. 1			
Burtal & 6/27/82 Capr. Co. Mamorial Cabined Carrett 15	Haryland 21550	, Basiland	N. Laighton, M.D.	tradueli Lichardani
	Manual Converse	. Co. Memorial	1947 58,750	letung